

SC Dept of Labor, Licensing and Regulation - Board of Dentistry

110 Centerview Drive

P.O. Box 11329, Columbia, South Carolina 29211-1329

(803) 896-4599; fax (803) 896-4719

www.llr.state.sc.us

APPLICATION FOR REGISTRATION – DENTAL TECHNICIAN or ORTHODONTIC TECHNICIAN

Application must be fully completed with all requested information and documentation supplied. Application fee of \$100.00 (check or money order only) must accompany application. Application fee is non-refundable and non-transferable. The application form itself is a public document obtainable under the Freedom of Information Act.

For Dental Technician Registration ☐

OR

Orthodontic Technician Registration ☐

Dental Technician Applicants Apply By:

- ☐ Registration by State Board Examination
☐ Registration by CDT Certification - must submit copy of current certification
☐ Registration by Written Comprehensive Examination of the National Board for Certification in Dental Laboratory Technology (NBC) - must submit proof of successful completion

I. Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the Board office, in writing, of any address changes after you file this application in order to receive further information.

Applicant's Name _____
Last First Middle Suffix (Jr., III)

*Social Security Number _____

Preferred Mailing Address _____
Street City State Zip

Home Address _____
Street City County State Zip

Current Office Address _____
Street City County State Zip

Email Address: _____

Home Phone () _____ Business Phone () _____ Business Fax () _____

Place of Birth (City, State or Country) _____ Date of Birth MM/DD/YYYY _____ Gender M/ F _____ Race (not required) _____

Military Service: _____ Dates of Service: _____

Honorable / Dishonorable Discharge: _____ If other than Honorable, attach a copy.

Have you ever been known by any names other than what is listed above? ____ Yes ____ No.

If yes, state in full every other name by which you have been known. If change was made by a Court order, enclose notarized copy of order.

Do you need special accommodations in order to take an examination? ____ Yes ____ No. If yes, please specify: _____

APPLICATION FEE: Check or Money Order in the amount of \$100.00 to be made payable to: LLR – Board of Dentistry. Application fee is non-refundable and non-transferable. Submit application and fee to: SC Department of Labor, Licensing and Regulation – Board of Dentistry, PO Box 11329, Columbia, SC 29211-1329.

* South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure

to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

II. Education Information

NAME OF SCHOOL / INSTITUTION	LOCATION (City and State or Country)	FROM (Month/Year)	TO (Month/Year)	GRADUATED Yes / No	DEGREE
High School					
Dental Technological Program					

III. Record of Registration Information

List all states in which you have ever received certification to perform dental technological work or have worked as a dental laboratory technician. Failure to disclose all licenses held may result in denial of your application.

STATE	DATE OF REGISTRATION / CERTIFICATION	CERTIFICATE NO.	EXPIRATION DATE

IV. Personal History Information

Please respond to all questions. If you answer “Yes” to any question, you must attach a written explanation. In addition, if you answer “Yes” to any question, you may be requested to appear before the full Board to answer additional questions and/or provide additional information.

- Have you ever been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than a minor traffic violation)? ☐ Yes ☐ No
- Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order filed against you by any person, jurisdiction, or dental board? ☐ Yes ☐ No
- Have you ever taken an examination without receiving a certificate from any dental examining board/agency? ☐ Yes ☐ No

V. Dental Technology Practice History. List all activities chronologically since graduation from high school.

FROM Month / Yr	TO Month / Yr	OFFICE ADDRESS & LOCATION	TYPE OF TRAINING

List below the names and addresses of three (3) dentists, not related to you, who are willing to write letters of recommendation to support your application for a SC registration. You must request that each person listed below write directly to the Board, on letterhead, indicating that you are known to him/her, in what capacity and for how long, and outlining characteristics they believe qualify you for registration in SC. Your application will not be considered complete until letters of reference from the dentists identified below and all other materials necessary to support your application have been received.

Name and Address		Phone Number
1.		
2.		
3.		

VII. Affidavit and Release of Applicant

being first duly sworn and identified as the person referred to in this application and signed photo, attest to the truth of each statement made in said Application; that I fully realize that the determination as to whether I am admitted to practice dental technological work in the State of South Carolina may depend largely on the truth, falsity or completeness of my answers hereinabove set forth; that I will give any further information which may be required concerning my past record but that, to my knowledge, the answers which I have given to the questions hereinabove are true and complete; that I hereby authorize the South Carolina Board of Dentistry, or any agent or authorized representative of, to make a complete investigation of my character and fitness to practice dental technological work in South Carolina and of the completeness and truthfulness of my answers hereinabove made, and I hereby release and exonerate any person so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or furnishing of the information. I further swear that I have read and understand the law and the Rules and Regulations, which regulate the dental professions, and agree to abide by them in the practice as a Dental Technician in the State of South Carolina.

SIGNATURE OF APPLICANT

DATE _____

Sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC for _____

Affix Seal Here

My Commission Expires: _____

Revised 09/10/2014

Attach Photo Here

Note: Attach a passport-type photograph taken within the last six (6) months.

Print and Sign your name on back of photograph.

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Print and Sign your name on back of photograph.

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ____ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ____ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ____ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ____ I am a nonimmigrant under the “Immigration and Nationality Act,”
Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ____ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US

pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ____ I am a US citizen, not physically present or employed in the United States.
 - b. ____ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver’s License, South Carolina Driver’s Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver’s permit. State: _____; Number _____; Date of Expiration: _____.
- ☐ Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- ☐ Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.

☐ Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____ / _____ / _____
(Include a copy of the card with the Affidavit)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

06/28/12 Affidavit of Eligibility

08/07/13 Revised